Allentown
City without limits.

ZOSTER VACCINE RECORD

Information About Person to Receive Vaccine (Please Print)

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip _____ County _____

Date of Birth _____ Phone Number _____

GENDER

☐ Male ☐ Female

SPOKEN LANGUAGE

☐ Cambodian ☐ Korean
☐ Chinese ☐ Laotian
☐ **English** ☐ Portuguese
☐ French ☐ Refused
☐ German ☐ Russian
☐ Haitian Creole ☐ **Spanish**
☐ Hmong ☐ Unknown
☐ Italian ☐ Vietnamese
☐ **Other (Specify):** _____

RACE (Check all that apply)

☐ Aleut ☐ Japanese
☐ Arabian ☐ Korean
☐ Asian Indian ☐ Laotian
☐ **Black** ☐ Other Asian Pacific Islndr.
☐ Cambodian ☐ Refused
☐ Chinese ☐ Samoan
☐ Eskimo ☐ Thailander
☐ Filipino ☐ Unknown
☐ Guamian ☐ Vietnamese
☐ Hawaiian ☐ **White**
☐ Indian
☐ **Other (Specify):** _____

HISPANIC ORIGIN

☐ Cuban ☐ Mexican
☐ **Non-Hispanic** ☐ Puerto Rican
☐ Refused ☐ South or Central Amer.
☐ Unknown
☐ Unknown Hispanic
☐ **Other (Specify):** _____

Did you ever have chicken pox?	☐ Yes ☐ No
Have you had a dose of shingles vaccine in the past?	☐ Yes ☐ No
Are you allergic to Neomycin or gelatin?	☐ Yes ☐ No

I have read or have had explained to me the information in "Vaccine Information Statement: Shingles Vaccine: WHAT YOU NEED TO KNOW 10/6/2009)." I have had a chance to ask questions. Any questions were addressed to my satisfaction. I believe I understand the benefits and risks of shingles vaccine and ask that the vaccine be given to me.

X _____ _____

Signature Date

For Clinic Use Only

Vaccination Date: _____ Dosage Volume: _____

Injection Site: LA RA Route: SQ .

Manufacturer: MERCK Lot Number: 0153Z .

Expiration date: 3/28/2011 .

_____
Signature of Vaccine Administrator

_____
Signature Date